

JAN 15 2010

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re application of: THOMAS et al.

Attorney Docket No.: IPVMAP01

Application No.: 10/822,218

Examiner: QUOCHIEB B. VUONG

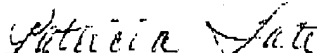
Filed: April 12, 2004

Group: 2818

Title: EYEGLASSES FOR WIRELESS
COMMUNICATION**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is transmitted via facsimile to: Commissioner for Patents, Alexandria, VA 22313-1450 on January 15, 2010.

Signed:



Printed Name: Patricia Tate

**REQUEST FOR CONTINUED EXAMINATION (RCE)
(37 CFR §1.114)**Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) of the above-identified application.

1. Submission required under 37 C.F.R. §1.114:

- a. ☐ Previously submitted
- i. ☐ Consider the amendment/reply under 37 C.F.R. §1.116 previously filed on _____. (Any unentered amendment referred to above will be entered.)
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
- iii. ☐ Other _____.
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit/Declaration
- iii. ☒ Information Disclosure Statement with Form PTO-1449
- iv. ☐ Copies of IDS Citations
- iv. ☐ Other _____.

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Appln. No. 10/822,218

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Atty. Docket No. IPVMAP01

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2. **Fees:** (The RCE fee is required at the time the RCE is filed.)

Fee Calculation (37 CFR §1.16)

Fee for Request for Continued Examination Under 37 C.F.R. §1.17(e)	\$810 =	\$810.00
TOTAL		
SMALL ENTITY 50% FILING FEE REDUCTION (if applicable)	\$405.00	\$405.00

- ☐ a. Applicant hereby petitions for a _____ month extension of time.
- ☒ b. Applicant believes that no (additional) extension of time is required; however, if it is determined that such an extension is required, Applicant hereby petitions that such an extension be granted and authorizes the Director to charge the required fees for an extension of time under 37 CFR §1.136 to Deposit Account No. 50-3874 (Order No. IPVMAP01).
- ☒ c. Enclosed is a Credit Card Payment Form for payment of the amount of \$405.00 to cover the RCE and additional claims fee.
- ☒ d. The Director is authorized to charge any fees beyond the amount enclosed which may be required, or to credit any overpayment, to Deposit Account No. 50-3874 (Order No. IPVMAP01).
3. ☒ Please send correspondence to the following address:

Customer Number 34071

34071

IpVenture, Inc.
6160 El Camino Real, Suite A-22
Los Altos, CA 94022

Please direct any calls to (650) 903-9200

Date: January 15, 2010


C. Douglas Thomas
Registration No. 32,947